

**{ SEQ CHAPTER \h\r 1}CMHS GPRA Client Outcome Measures for Discretionary Programs**

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208

## A. RECORD MANAGEMENT

Client ID

Contract/Grant ID

Grant Year   
Year

Interview Date  /  /

Interview Type 1. INTAKE 2. 6 month follow-up 3. 12 month follow-up

## B. DRUG AND ALCOHOL USE

<b>1. During the past 30 days how many days have you used the following:</b>	<b>Number of Days</b>
a. Any Alcohol	<input type="text"/>
b. Alcohol to intoxication (5+drinks in one sitting)	<input type="text"/>
c. Illegal Drugs	<input type="text"/>
<b>2. During the past 30 days, how many days have you used any of the following:</b>	<b>Number of Days</b>
a. Cocaine/Crack	<input type="text"/>
b. Marijuana/Hashish [ Pot, Joints, Blunts, Chronic, Weed, Mary Jane]	<input type="text"/>
c. Heroin [Smack, H, Junk, Skag], or other opiates	<input type="text"/>
d. Non prescription methadone	<input type="text"/>
e. Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel] MDMA, [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine], Mushrooms, Mescaline	<input type="text"/>
f. Methamphetamine or other amphetamines [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank]	<input type="text"/>
g. Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics, [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstasy; Ketamine, Special K, K, Vitamin K, Cat Valiums; Rohypnol, Roofies, Roche]	<input type="text"/>

h.	Inhalants [poppers, snappers, rush, whippets]	____ ____
i.	Other Drugs - Specify_____	____ ____

## C. FAMILY AND LIVING CONDITIONS

1. **In the past 30 days, where have you been living most of the time?**
  - ☐ Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)
  - ☐ Street/outdoors (sidewalk, doorway, park, public or abandoned building)
  - ☐ Institution (hospital., nursing home, jail/prison)
  - ☐ Housed (Own, or someone else's apartment, room, house halfway house, residential treatment)
  
5. **During the past week, to what extent have you been experiencing difficulty in the area of: Managing day-to-day life (e.g., getting to places on time, handling money, making every day decisions)**
  - ☐ No difficulty
  - ☐ A little difficulty
  - ☐ Moderate difficulty
  - ☐ Quite a bit of difficulty
  - ☐ Extreme Difficulty
  - ☐ Don't know
  - ☐ Not Applicable
  - ☐ Refused
  
6. **During the past week, to what extent have you been experiencing difficulty in the area of: Household responsibilities (e.g., shopping, cooking, laundry, keeping your room clean, other chores)**
  - ☐ No difficulty
  - ☐ A little difficulty
  - ☐ Moderate difficulty
  - ☐ Quite a bit of difficulty
  - ☐ Extreme difficulty
  - ☐ Don't know
  - ☐ Not Applicable
  - ☐ Refused
  
7. **During the past week, to what extent have you been experiencing difficulty in the area of: Work (e.g., completing tasks, performance level, finding or keeping a job)**
  - ☐ No difficulty
  - ☐ A little difficulty
  - ☐ Moderate difficulty
  - ☐ Quite a bit of difficulty
  - ☐ Extreme difficulty
  - ☐ Don't know
  - ☐ Not Applicable
  - ☐ Refused

8. **During the past week, to what extent have you been experiencing difficulty in the area of:**  
**School (e.g., academic performance, completing assignments, attendance)**
- ☐ No difficulty
  - ☐ A little difficulty
  - ☐ Moderate difficulty
  - ☐ Quite a bit of difficulty
  - ☐ Extreme difficulty
  - ☐ Don't know
  - ☐ Not Applicable
  - ☐ Refused
9. **During the past week, to what extent have you been experiencing difficulty in the area of:**  
**Leisure time or recreational activities**
- ☐ No difficulty
  - ☐ A little difficulty
  - ☐ Moderate difficulty
  - ☐ Quite a bit of difficulty
  - ☐ Extreme difficulty
  - ☐ Don't know
  - ☐ Not Applicable
  - ☐ Refused
10. **During the past week, to what extent have you been experiencing difficulty in the area of:**  
**Developing independence or autonomy**
- ☐ No difficulty
  - ☐ A little difficulty
  - ☐ Moderate difficulty
  - ☐ Quite a bit of difficulty
  - ☐ Extreme Difficulty
  - ☐ Don't know
  - ☐ Not Applicable
  - ☐ Refused
11. **During the past week, to what extent have you been experiencing difficulty in the area of:**  
**Apathy or lack of interest in things**
- ☐ No difficulty
  - ☐ A little difficulty
  - ☐ Moderate difficulty
  - ☐ Quite a bit of difficulty
  - ☐ Extreme difficulty
  - ☐ Don't know
  - ☐ Not Applicable
  - ☐ Refused

12. During the past week, to what extent have you been experiencing difficulty in the area of:

**Confusion, concentration or memory**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not Applicable
- ☐ Refused

13. During the past week, to what extent have you been experiencing difficulty in the area of:

**Feeling satisfaction with your life**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not Applicable
- ☐ Refused

## **D. EDUCATION, EMPLOYMENT, AND INCOME**

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]

- ☐ Not enrolled
- ☐ Enrolled, full time
- ☐ Enrolled, part time
- ☐ Other (specify)\_\_\_\_\_

2. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|\_\_\_\_|\_\_\_\_| level in years

2a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

- ☐ Yes
- ☐ No

3. Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]

- ☐ Employed full time (35+ hours per week, or would have been )
- ☐ Employed part time
- ☐ Unemployed, looking for work
- ☐ Unemployed, disabled
- ☐ Unemployed, Volunteer work
- ☐ Unemployed, Retired
- ☐ Other Specify\_\_\_\_\_

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...

**INCOME**

a. Wages	\$				,				.00
b. Public assistance	\$				,				.00
c. Retirement	\$				,				.00
d. Disability	\$				,				.00
e. Non-legal income	\$				,				.00
f. Other _____ (Specify)	\$				,				.00

**E. CRIME AND CRIMINAL JUSTICE STATUS**

1.	In the past 30 days, how many times have you been arrested?	____ ____  times
2.	In the past 30 days, how many times have you been arrested for drug-related offenses?	____ ____  times
3.	In the past 30 days, how many nights have you spent in jail/prison?	____ ____  nights

**F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT**

1. How would you rate your overall health right now?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

2. During the past 30 days, did you receive

**a. Inpatient Treatment for:**

- I. Physical complaint
- ii. Mental or emotional difficulties
- iii. Alcohol or substance abuse

No      Yes ⇒      **If yes, altogether  
for how many nights  
(DK=98)**

- ○      \_\_\_\_\_
- ○      \_\_\_\_\_
- ○      \_\_\_\_\_

**b. Outpatient Treatment for:**

- I. Physical complaint
- ii. Mental or emotional difficulties
- iii. Alcohol or substance abuse

No

Yes ⇒

**If yes, altogether**  
how many times  
(DK=98)

○

○

\_\_\_\_\_

○

○

\_\_\_\_\_

○

○

\_\_\_\_\_

**c. Emergency Room Treatment for:**

- I. Physical complaint
- ii. Mental or emotional difficulties
- iii. Alcohol or substance abuse

No

Yes ⇒

**If yes, altogether**  
for how many times  
(DK=98)

○

○

\_\_\_\_\_

○

○

\_\_\_\_\_

○

○

\_\_\_\_\_

**H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)**

**1. Gender**

- ☐ Male
- ☐ Female
- ☐ Other (please specify) \_\_\_\_\_

**2. Are you Hispanic or Latino?**

- ☐ Yes
- ☐ No

**3. What is your race? (Select one or more)**

- ☐ Black or African American
- ☐ Asian
- ☐ American Indian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Alaska Native
- ☐ White
- ☐ Other (Specify) \_\_\_\_\_

**4. What is your date of birth?**

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|  
Month / Day / Year